

AFL SUPPLIER DATA FORM

*REQUIRED

I have completed the AFL Supplier Code of Conduct survey (signature required): I have completed the ESG Questionnaire (Signature Required): Company Information					
			Supplier Name:	Tax Payer ID:	
			DBA:	Cur	Currency Code:
Europe Form - Banking Reference (If Applicable):					
Manufacturing Address of Goods/Services:					
City, Town, or Locality:	State/Region:	Country:			
Postal Code:	County/Province:				
Ship From Address of Goods/Services (If Different From Mfg Address):					
City, Town, or Locality:	State/Region:	Country:			
Postal Code:	County/Province:				
AR Remittance Address/Mailing Address:					
City, Town, or Locality:	State/Region:				
Country:	County/Province:				
Postal Code:	Phone Number:				
	tact Information				
PO Order Placement Contact Name:					
PO Order Placement Contact Phone Number: PO Order Placement Contact Email:					
To order riacement contact cinali.					
Is your business certified MWDVBE (Minority, Woman and Disabled Vet is selected. Please send to AFLCorporateProcurement@AFLglobal.com .	eran Owned Business Enterprises)? Cer	rtificates will be required if one of the below			
Women Owned Minority Small Disadvantage Disabled	d Veteran N/A				
Types of Goods/Services Provided to AFL:					
Nature of Business:					
Number of Years in Business:					